Data Exchange Focus Group Webinar

April 28, 2011
1:00 pm CT

Coordinator: Thank you for standing by. All lines are in an open and interactive mode. Please utilize your mute button when not speaking or you may press star 6 to mute or unmute your lines.

Now I would like to turn the meeting over to Caroline Westnedge please begin.

Caroline Westnedge: [**Introduction Slide**] Hi everyone. Welcome and thank you for joining our second Inventory Management Data Exchange Focus Group meeting.

My name again is Caroline Westnedge and I am a Partner Outreach Liaison with the Countermeasure Tracking Systems team and I am a contractor with CDC with SRA International. I am going to be starting off our call today.

[**Slide 2**] On the agenda, we are going to have some quick introductions of the folks that you will be hearing from today and then I am going to give you some quick tips on viewing the webinar. Then I am going to hand it over to Betty Baker who is our Business Analyst to start our discussion.

Today we will be talking about inventory items to be reported, location information, unique pharmaceutical identifiers, unique supply identifiers, and some additional product information.

Then we will go through some next steps and follow up with the meeting schedule for future meetings. So let's start with the introductions, Ben.

Ben Erickson: Hello everyone, my name is Ben Erickson. I am the Public Health Analyst for the Program Preparedness Branch at the CDC.

Guy Faler: I am Guy Faler with Northrop Grumman. I am the Project Manager for the Countermeasure Tracking Systems team.

Betty Baker: I am Betty Baker. I am the Business Analyst for the Data Exchange project for CDC. I am a contractor with Northrop Grumman.

Caroline Westnedge: [**Slide 3**] Thank you. For those of you on the webinar, here is just some information. If you need to adjust your screen size, you can click on the little icon to make it full screen. Zoom in and out with the Plus and Minus buttons on the little magnifying glass.

Let's get started with our discussion. I will hand it over to Betty.

Betty Baker: [**Slide 4**] Hi good afternoon everyone. Our goal for today is to identify the data involved in inventory management data exchange. As we go through these slides, please ask questions and offer comments as you find it necessary.

I am now looking at the inventory items to be reported slide. There are two major types of items or products for which inventory information is needed. Those include pharmaceuticals such as vaccines and prescription drugs, and supplies such as personal protective equipment and medical/surgical equipment.

Report all such items available within the project area, those supplied by the federal government as well as those acquired locally, because the goal here is to have an accurate picture of what is available.

Report the number of regimens or units available not the number of cases. Would anyone like to comment on this or ask a question about it before we go on? This is high level here. No comments, okay we will proceed to the next slide. It gets a little tricky here.

[**Slide 5**] The next slide addresses location information. Please think about how your system stores the data on these next slides and the format in which you can provide each individual piece of information. Let's start with the identification of the location where the inventory is stored.

An inventory item must be identified by location. There are three types of location where inventory might exist that we are considering. One is the state RSS facility. Another -- in some states but not all states or project areas -- is a regional distribution node.

The third type of location is a local facility such as a hospital, community clinic or a local health department. Those are the kinds of places where we expect inventory might be stored. That would be one of the characteristics that we would need when you report an inventory item.

The facility name will be used for identification purposes to ensure from your side that the data you are giving us is the data you intended to give us. The facility type will identify the local facility as a hospital, a nursing home, a storage facility or some other type of facility. We will provide a list of facility types and we may add to those as we talk to you all.

The last piece of information about the location is the city. The city name would identify the locale of the inventory item. In your systems, think about whether you have this information available and whether you can extract it out to provide it to us. Does anyone have a comment or a question?

Mike Magner: Yes I have a question. City name may be misleading for Virginia. I would suggest locality name because in some places it would be a county and not a city.

Betty Baker: All right we will so note.

Mike Magner: Okay. Yes, Virginia is a little weird because cities are outside of counties so.

Betty Baker: Okay.

Mike Magner: Thank you.

AJ Lorenzen: AJ Lorenzen from Anchorage, Alaska. We have a different kind of distribution than everybody else because we do not really have roads. Also we have community centers.

What we have done is identified them by zip code because oftentimes the facility name does not tie to the locale. Thus we found it very useful to identify by zip code. Also in our system we have two identifiers for the facility name so we can use the name. We can use the city or we can use the zip code.

Betty Baker: It sounds like we might want to include zip code in the data you give us so we can make sure we are matching up with the data that you give us.

AJ Lorenzen: Well it will at least get you to the right area.

Betty Baker: Right.

Ben Erickson: Hey AJ, this is Ben at CDC.

AJ Lorenzen: Hi Ben.

Ben Erickson: To address both questions, we realize that the Northeast areas have a unique situation when it comes to cities. We will take that back and relook that.

With your location as well, AJ, you do have a unique system. Really all this was focusing on that Medical Countermeasure Situation Report where the needs we have as far as identifying location is just being able to tell how much products are at local facilities.

You said you have the health centers, is that correct?

AJ Lorenzen: Yes public health centers.

Ben Erickson: Yes that would be just considered a local area. If there is no necessary name tied to that one, realistically that is more for your knowledge rather than for ours. However whatever identifier you have for it, it sounds like you have at least three different options that any one of them would be sufficient.

AJ Lorenzen: Okay.

Ben Erickson: If we come back and say this location being a zip code, you will be able to know which one that is right?

AJ Lorenzen: We could certainly get closer.

Ben Erickson: Okay.

AJ Lorenzen: The other thing that we run into is some of our names are Iñupiaq so spelling goes out the window. Numbers are far better and they are universal.

Ben Erickson: Yes I totally understand. It is making sure we have an open architecture to be able to accommodate any type of number, letter, naming, word, whatever. We will have a look into what you all can be able to collect normally to make sure that we convert it from the way that you have it to the way what we need to check the box for your area.

AJ Lorenzen: Yes, we just found that the postal system has identified all of our areas and it is already done. That was the identifier we picked.

Ben Erickson: Okay, so within your system, when you send products to a facility to give out to patients or give out prophylaxis or treat people, do you send it based off of that zip code?

AJ Lorenzen: No we actually have another identifier. Again, all these identifiers are linked together. We have folks in our emergency operation center and so they might not recognize a facility name with a region.

Most of them would; some of them would not because we interface with some folks that probably do not have the local names down.

A lot of military, a lot of rotation, so instead of by name, we found that zip code was common to everyone and everyone understood it. In effect, we doubled up on those identifiers. We just incorporate the zip code into the name of the facility as well.

Does that make sense?

Ben Erickson: Yes.

AJ Lorenzen: It is a double check so they at least know if they do not recognize the name of the facility, they can certainly look at the zip code and know where it is located. That is usually what they are looking for, which is the same as trying to figure out where it is at.

Ben Erickson: Okay, and obviously I will work with you through John Duffy to work one-on-one if necessary.

Betty Baker: Yes Ben, this is Betty. When you had that discussion, I missed something. Is there a long string of numbers that identifies a location, is it zip code and then some more numbers? Or is it zip code and then facility name.

AJ Lorenzen: It is alphanumeric followed by zip code. It is mostly alpha followed by numeric zip code.

Betty Baker: Got you, okay. All right that is fine thank you.

AJ Lorenzen: Sure.

Betty Baker: All right, does anybody else have anything to contribute about the location information?

[**Slide 6**] Let's go onto the next slide which is the unique pharmaceutical identifier. Note the table at the bottom for this discussion and that may help. Again be thinking about how you have the data stored in your systems and how you can extract it.

The characteristics of a pharmaceutical product that make it a unique product are the pharmaceutical names, the dosage formulation such as tablet, or injectable, or

solution, or capsule, the administration path such as oral, or injection, or topical, the strength such as 300 milligrams and the manufacturer.

Let's look at each one of those and talk about each one. Think about how you have the pharmaceutical name stored in your system. One thing that we can tell you is that CDC has the ability to determine the generic name of a pharmaceutical if we are given the brand name.

We could deal with either generic or brand name and we could be fine. Think about how you have the name in your system. Is it just the name of the drug or does it include some of these other pieces like the strength. Would anybody like to respond?

Mike Magner: This is Mike from Virginia. I think we have some flexibility in our system to do it in different ways. However I think what we have is in the item description, all this information is contained therein.

We get our data directly from CDC and they throw all that information together. The drug name, number of units per bottle, number of bottles per case, it is all in that same item description. That is how our data was built was to accept that SNS data directly.

Ben Erickson: Hey Mike this is Ben. Giving a little background on this, this is what we initially talked about the first time about being able to accurately report whether your system has entered the product as "Tamiflu" versus someone who has the generic name entered.

This way, when this data package gets sent to us we can build a report without having to bother you. It has the ability to look at either one and associate with the

common name so it can make sure to pull both names so as not to miss anything. Your system if I remember correctly, has quite a bit of flexibility right?

Mike Magner: It does, but we create the data in terms of the inventory. Whatever we put in there initially is how it is going to be stored, so we can put in the item description.

For instance it is designed to get that CDC CD-ROM.

Ben Erickson: Yes that push package file?

Mike Magner: Push package yes, it is designed for that. When it plucks in that data, in the item description it has all of this information just as the item description, not a specific category.

Ben Erickson: Yes and that is something that is behind-the-scenes that this is doing. We are just letting you all know that this necessarily is not just for CDC assets. This is all available assets, like what we went through with H1N1.

Mike Magner: Yes.

Ben Erickson: Initially there was talk about only the assets that the federal government sent you or the stuff that you purchased through that federal subsidy program. Then it turned around and said well it is hard to keep them separated.

Consequently we said put everything together in one. Just report everything that you have available. We are using that to move forward and using all available products. It is matching up with that push package file which has some form of organization and I use that very loosely.

Then there is also the items that you all have acquired on your own that probably has a lot more organization capability since it was entered in separately in an organized way.

It is marrying up both of those to show all available inventory. Then the data elements that get pulled to send in that packet is what we are focusing on right now to make sure we can capture regardless of what the names are.

Mike Magner: Okay.

Betty Baker: Anymore comments about the name?

Ward Ballard: This is Ward from Idaho. What we are going to run into on the description is since we built the data, or our data system was basically built around the push package to begin with, we have basically one identification field and none of our data is going to have the additional fields of this format.

Betty Baker: Okay.

Ward Ballard: It is all going to look like the push package files where all of the information is in one field. Generally we will not have anything related to manufacturer.

Ben Erickson: Okay and when it comes to manufacturer all the stuff that we are presenting to you today is just showing that what we are going to request to work with you all on is to be able to capture as much information to look at any possible scenario where we would want to collect something.

We want to make sure we have it already so we do not have to bother you whatsoever. That was a very high up issue, and as much as you all did not like it, I

did not like having to bother people at the state to say, what do you have on hand? Where is all your inventory every single, day, week, month or whatever.

What we are trying to do is identify all the capabilities that you could have, not necessarily that you have to have. It sounds to me that you definitely cannot have the manufacturer. If it is built around that push package file, that is fine because obviously that one line item which I think is the description, will have the name, dosage and then obviously you can put the quantity number within that.

The question I would like to bring up to you is what about any products that are outside of that? When you purchase stuff through manufacture on your own or when you get donations or any type of scenario, do you still follow that same format where you keep it to that item description box and quantity and that is about it?

Ward Ballard: Exactly. The system is setup for one set of behavior and we would have to have an entirely different system to enter more data like that.

Ben Erickson: Okay. Again, we are not trying to challenge anybody. We want to work with what you have. We can work with that by using the field that is there. I was just trying to better understand the capability that you have; that is all.

AJ Lorenzen: Could I comment on that? This is AJ again in Alaska. We contract with a local warehouse up here. They do this on a daily basis and they do pharmaceuticals on a daily basis. They have always used NDC codes. We have always used NDC codes. The first part of the code is the manufacturer. The middle part is the drug and the last two digits are the size of the container.

Everything from our pick sheets to our list is based off of that NDC code as well as the generic name. Where we are going to have a problem is we probably are not

going to be so interested in the manufacturer because we have already have the NDC code.

That has been in stone to identify the manufacturer as well. The other thing that the pickers have found is it is really difficult for people to pick from item descriptions if they always want to verify with NDC code because again numbers -- here the NDC codes -- are just the standard format.

My question is at some point can you create a field or have a user defined field where we can link the NDC code for pharmaceuticals?

Betty Baker: As we move onto the couple of slides, you will see that we are including the NDC code as a field of the data recovery. This list's the issues that were brought up earlier about it not being totally reliable. Ben, do you want to comment on that?

Ben Erickson: Yes, I was actually just going to get into that. I am working with some folks at the FDA and also the National Institute of Health of the Unified Medical Language group, UMLS. I have realized in the research with NDC numbers is that there are different combinations of NDC numbers and that can cause issues when it comes to the reporting piece for inventory numbers or for aggregate reporting to us.

We need to be able to identify a certain type of product, and it can have multiple NDCs. If we do not know what those are we have no way of knowing if you say pull this number and this NDC number.

The band aid that I have been working with them on is to associate the names of it with the generic name which is very unique obviously and does not change as it does with the brand name, and use that as the basis to start narrowing down to get to the actual item.

We do not necessarily care about the manufacturer either. We are just trying to see what capabilities you have. We are trying to create a baseline and see if this baseline is willing to be collected.

If not, we need to determine what things we can do away with to make sure we collect all the stuff that we need. Typically all we really need are aggregate counts to make sure we can collect all that information.

Betty Baker: The other two areas are administration tasks and strength. Is there anyone out there who has this data parsed out into separate fields, or does everybody have this situation where they are all in the center of the item description?

Is there anymore discussion about this slide?

[**Slide 7**] Okay let's head onto the next one which is the unique supplier identifier. This is for medical/surgical equipment and for personal protective equipment.

This is much easier to identify for the purposes of data exchange as CDC views it. The two things that CDC is concerned with are the product name, such as N95 respirator, and the size, such as small, medium, or large, if size is a reasonable attribute for the item.

Ben Erickson: This stems out from H1N1 because most of what we have learned was that you can identify a drug fairly easily just by narrowing it down or naming, or whatever the order is.

When it comes to N95 respirators, as far as I know it is hard to have a standard system like they do. If any of you have pharmaceutical backgrounds, there is an Orange Book that we used to be able to get all available medical drugs out there.

However, when it comes to medical and surgical products and personal protective equipment that we have in our formulary or push package, it is hard to be able to capture that so that it gets entered in correctly without any errors so that when the reporting piece comes in, it does include that versus a spelling error or a naming that is not standard. Then it completely misses the polling of that quantity level. When it comes to the size, because almost all the N95 respirators and surgical masks have different sizes, it is obviously hard (especially by the packaging) to be able to identify how many actual individual masks or gowns or whatever the PPE or medical-surgical products are within each box.

So that is the background on that. We are trying to be able to find a way to have that available for you all to be able to pull, but also accurately collect it without it completely missing it.

Betty Baker: How do you all identify this stuff out in the field? Anybody want to respond to that?

Ben Erickson: I know Virginia's on the line. Help us out a little bit here.

Mike Magner: I am sorry, I did not quite understand the question.

Ben Erickson: I guess the question...go ahead Betty.

Betty Baker: When we are talking about things like respirators and surgical gowns and so forth, how do you or how does your system handle counts of things like that? How do you identify them? Just like we have talked about identifying the drugs.

Mike Magner: Well we had a lot of problems actually with our inventory. We wrote up a lessons learned document from that. But one of the big challenges we had was whether something came in a box, a case, a bag, or each.

There was a lot of confusion where we would think that we were ordering 50 gowns for a particular location and actually ended up with 50 cases or vice-versa, where they ended up with too few or too many.

So that was one of our challenges. But we kind of resolved that issue I think internally within our practices by defining what was a box versus a case. And then the sizing was also a challenge because there were obviously different respirators and different gowns from different manufacturers and their sizing was all slightly different.

But at the other end, a lot of the people we were sending it to weren't really expecting it when they got it. You know, it was a gift. And some of them used it. Some people even shipped it back because they did not even know why they got it. They thought it was a mistaken order.

So that was a communication thing, at our level.

Woman: That kind of brings up a good point. When I was appointed to Mississippi for the Hurricane Katrina response, we had that same exact issue within the warehouse about the unit of use, unit of measure, boxes, cases, pallets, whatever , where a local facility requests products.

Typically we do not tell them. We say do not break cases. But originally they were breaking the boxes to get individual ones out and sending that until we said, wait a minute. You do not want to do that because you're going to open Pandora's Box for a whole bunch of logistical issues.

So getting that, the naming, quantity size, unit of measure broken down to a certain point. Regimens is good but it obviously varies a great deal when it comes to what event it is, whether it is treatment for anthrax or any other scenario.

Would you all have the capability to break things down into individual pills? Or would that be a complete nightmare?

Mike Magner: Individual pills, no; but we can break down, for instance amoxicillin comes in a case of 400 or something. And we can break it into boxes. We would have to give them a separate item code. And add them to our inventory as a separate item but we could do that.

Ben Erickson: I think this is why Betty was kind of directing that way. If you are able to provide by box, as long as if you are only able to provide by box, you will have to be able to provide us how that is broken down even further. Looking at the N95, you do not know different manufacturers quantity per box.

What I am trying to put out there is how are you able to get an accurate number of inventory without saying regimen. That is too generic. It could be a two-week, 14-day, 10-day, or a 7-day to get enough product. To understand the quantities that are out there.

Mike Magner: Yes right now we are just using that item description code.

Ben Erickson: Yes.

Mike Magner: We are basing it off of the item number and then the item description. It says box of 100 or case of -. What we decided was that if it is a box with smaller boxes or bags inside it then that is a case. But if it is a box with just individual items, then that is a box.

That is how we distinguish a box from a case.

Ben Erickson: Yes.

Man: So a case is larger than a box. And then you have a bag which could be separate or it could be part of a case. That is where it got really confusing.

Ben Erickson: The unit of measure has always been questionable; there are differences in interpretation. That is why I wanted to throw out if anybody else has any comments about being able to report individual amounts or is the ability only at cases? Or can it get down to regimens based off of event? Are there any other thoughts out there?

Betty Baker: [**Slide 8**] Let's flip to the next slide because number of regimens is on it. And it would make a lot more sense for our conversation It is the last bullet down there.

What Ben is talking about is we want to know how many treatments or how many of these things you have to hand out to individuals. I guess this is what we are trying to get to, right Ben?

Ben Erickson: Yes, but I am trying to get what the capabilities are out there. With H1N1, it was just regimens. Even then sometimes it was difficult to be able to provide that without the state folks being able to do the math. That is what we are completely trying to get away from.

Deirdre Depew: This is Deirdre in New York. I have two things and I want to go back one to the N95 discussion. One of the things we have with our inventory management system is not only can we track all the N95s down to each, not just in the case, so I know there is 120 per case.

Right now I just brought up three cases. I brought up actually all the N95s and the inventory system will let me know how many I have of all my N95s. It also breaks it down by type, by brand and then it tells me in detail that there is a 120 per case or there is a 160 per case.

Tells me where it is located and it tells me what the total count is. Say I have for this one, 3195 cases at 120 per case, it does the math for me and tells me I have 383,400 each. One of the problems we got into during H1N1 with N95 is that if you have a case that is 120. If a case is 160, you have a case that is 300. You have all these different size cases.

When you're trying to do allocation, we tried to do it by each and then round back to a case. Rather than trying to round out to cases. We rounded out by each mask and then did our masks up to or down to a case.

The other problem with just being generic with the N95s and not giving as much detail as possible is that people are fit tested for N95s. You do need as much detail as possible when you're pushing out that item for logistics to know that that item is needed as a 3M, 1860 small.

I am not just giving somebody an N95 size small mask. They need that particular brand, that make, that model so as much detail as possible for N95s is important. Now the other item I want to mention is that when you talk about number of regimens or units, there are issues there as well because it does depend on the disease or how it is being indicated.

For some people for anthrax, it might be whatever one pill a day for ten days or two pills a day for five days. Or I think that is for prophylaxes; for treatment, I think it is for 60 days.

Regimen for ciprofloxacin is not the same for every disease or everything you're dealing with. Sometimes it is better to go with the pill count unit of use. And then to let people know a unit of use for this item is ten pills or go back to pill count.

Because again, if you have an anthrax attack or you have plague, or you have something different and it is being used for a prophylaxes or a treatment, your regimen is going to be different depending on what you're dealing with. So for us, pill count is a better number. That is just my opinion.

Ben Erickson: Thank you very much for bringing that up because I think that is exactly what Betty and I were trying to do. If there is a multi-event in the city that has either plague, or smallpox, or plague or some of the other ones that need assets, how do you know what's given to what?

Just like you said, there are different dosages for giving out that medication. So that is I think where that came up. And it is just being able to say is that even possible to do with everybody here on the phone?

How can we get to that level? If you can't do that, can you give us how many bottles you have and then how many units per bottle and then we can do it? So it is just an either/or type of situation.

Deirdre Depew: If you can pull the pill count from everybody's system, just so you know we have a million pills in New York State. Now granted, divide that by ten, if you give that to each person that might not be regimens. But at least you can do the math on your side.

Say you know now that the activity is anthrax. And you maybe know that we are giving ten pills per person, you can do an average. It is not exact but it is close.

Rather than trying to pull regimens from our inventory management system, pull pills.

And of course there is going to be bulk. We have it in lots of different methods of dispensing. At least you can do a total pill count and get some sort of an idea as to how many people we are going to treat for that given disease.

I just think sometimes you have to get down to the pill count. And then do the math later given the event.

Ben Erickson: And I think that is exactly right. I think the direction that we were looking at is to start with always the lowest common denominator and you can always multiply up. But dividing down without knowing what it is, you have no way of being able to divide it.

Betty Baker: Is there any objection from anybody else to supplying pill count?

Man: I do not really have an objection, but that would require probably some modification to our system. Because right now, if you ask us a count, we can give you the total number of inventory items. So a case would be one, a box would be one.

If a pill was in there entered as a specific item, then that would be one. So you'd end up with one box plus one case plus one pill and you'd have three. So we would have to add another field and have some way of uploading the information into that field when we get it from CDC. I do not think it is impossible to do it. But certainly we would have to figure out how to do it.

Betty Baker: Thank you. Anybody else want to comment on this?

Bob Martin: This is Bob Martin from Indiana. I am the Strategic National Stockpile Coordinator here.

Betty Baker: Yes?

Bob Martin: It was easy for us to send out from our system to the health departments or to the EMAs. But once it got to that level, that is when the difficulty started. Our system no longer tracked it when they turned it around at the health department and handed it out.

They distributed to nursing homes, to community centers. Once that happened, that is where we lost track of it. We had to go back, when we did these inventories and asked the health department to contact each one of those that they distributed out to.

What ended up happening was when they reported back to me their numbers, each one of them were counting it a different way, kind of like what we are talking about. They did not know the difference between a pill that is given as one dose or a bottle that might have 20 pills in it, considering that as being one unit to go to one person.

They all looked at it differently. When they reported it back, it took me two weeks to where I could come up with an accurate inventory. Because we had to go back and see how they actually counted them.

They did not know the difference between a pill, a bottle, a box, or a case. And our system only tracked it to what we sent out. It was a real nightmare. It took us two weeks to do this.

Ben Erickson: Hey Bob this is Ben again. Thank you for that information. One thing I wanted to ask you is how are you able to track what products went down to local areas in case there happened to be any recall information?

How do you normally handle that?

Bob Martin: Under the current system (which we are having one built right now), it did not do a good job of knowing a lot. So the only way we could track it was through our bill of landing.

In the bill of landing, we actually put exactly what was shipped, what lot number and so forth that went down to each one. The system at that time, the current system, would not handle that. So there was the difficulty.

The new system will have all that in it. And we are supposed to have that in July.

Ben Erickson: Okay.

Bob Martin: This was a real nightmare about what a unit is and what a pill is. Some of them counted it by the pill. We actually got not only what we sent out, but we got things back that they had in stock at these different places. They did not know the difference from what we had sent to them or what they actually had on hand that was from somewhere else.

Mike Magner: This is Mike from Virginia. We had the same thing with the antiviral count because we did not do the antivirals through SNS system since they did not go into our RSS inventory. They came through our state pharmacy. And, of course, the vaccines went from CDC directly to the health district.

We also had the problem, and I think we would have the same thing with closed PODs. For instance, if we ship antibiotics down to our health districts and then they gave them out to their closed PODs that they have within their jurisdiction, a lot of those closed PODs would not be able to get into the system and update their inventory.

Once they got down to the health district, that would be the end of that tracking. We would have to train all the closed POD partners on how to use the system as well. I just see that being kind of a headache.

Betty Baker: Other bullets from this particular slide include a catalog or stock number. One of the things we have heard is a desire to have barcode information. Would this be what would go in a catalog or stock number for those of you that might want to use this? Or is that a separate piece of information?

Laina Stanford: Hi this is Laina from the State of Tennessee. We would use barcoding, stock number, or NDC number as the barcode.

Betty Baker: Okay.

Laina Stanford: Or we can create our own barcode, depending on how you want to go.

Betty Baker: Okay. Is there any other discussion on any of these other fields? Is there anyone else that would like to contribute?

Ward Ballard: This is Ward from Idaho.

Betty Baker: Yes?

Ward Ballard: Regarding barcodes, some of the boxes that we have received already have as many as four different barcode stickers plus a manufacturer on there. So I am not quite sure what we are discussing with barcodes at that point.

Betty Baker: That is a good point because that would be very confusing. I envision the barcode actually being on the dispensing unit whatever that is -- the bottle of pills. But I would not know.

Ben Erickson: Let me backup here. I think what was trying to be indentified is that for existing systems that have the barcode capability, what type of information is put in there? It is basically creating an identifier for a particular product. Typically from what I heard, you said in Tennessee you had a NDC code or the item number. Was that correct?

Laina Stanford: That is correct. That is what we have in there right now. Ideally we would be using at least one of the barcodes that come on the case.

Ben Erickson: Okay. And then the other issue is that it could be covered in different barcodes. You do not know one from the other. Forget about the bar-coding thing.

What we are trying to be able to do is lay the groundwork for systems that have barcodes. So that it will enable them to use it once we get started. We do not want to reinvent the wheel when we want to start talking about integrating in the barcode stuff.

It sounds like a lot of you still use that NDC code. I have researched so much on being able to use the NDC code for identification. It is impressive to me that you can use that to be able to identify a particular product with the variable stuff that I have come across.

I think that actually answered that question. For those of you that have bar coding systems already out there, what does it utilize?

Betty Baker: Well what we can allow for is multiple, different identifier fields.

Laina Stanford: I can tell you what we would like to see is a nice clean box from the CDC with one barcode on it. And that is the number we use.

Ben Erickson: We will talk offline.

Laina Stanford: Okay.

Betty Baker: Okay any other discussion on this particular slide? All right, I am done talking. I have really enjoyed this. I am going to turn it back over to Caroline. I hope you got some useful information and you certainly provided a lot for us. Thank you.

Caroline Westnedge: [**Slide 9**] Thanks everyone for your time and for your feedback. For our next steps we are going to incorporate the great input that you've given us on inventory. And then finalize that format.

[**Slide 10**] Our next slide will show the meeting schedule for our upcoming meetings. Our next one is on May 12 at 2:00 pm Eastern time. We will send you information to join that meeting prior to the meeting.

[**Slide 11**] Here is the contact information for the people on our team. I just want to give another chance to see if anyone has any questions or comments before we close our call today.

Mike Magner: This is Mike from Virginia again. I have a question for you all. We are looking at that grant, the application that is due tomorrow for building up inventory data systems.

Woman: Yes?

Mike Magner: We went through and you all know which one I am talking about right?

Woman: Absolutely.

Mike Magner: Okay. We went through our self-assessment and we found that the biggest capability we lack is the ability to talk to you all in terms of transmitting our data.

However, we are not sure what it is going to cost to do that because we do not know what all of your requirements are yet because we are figuring them out now. We are not really sure how to proceed with a grant application.

I sent an email to the generic address for the Data Management team at CDC and I haven't heard anything back.

Ben Erickson: Let's do this. Let me talk to you offline.

Mike Magner: Okay.

Ben Erickson: I will be able to try to close that loop with you today to get those answers. I will get in touch with the folks at PHII, or the folks here to make sure we clear that up.

That is a well-known important piece that has run along side this project because you're basically on the phone to do exactly that. Let's talk offline and I will be able to see if I can get some of those questions answered for you.

Mike Magner: Okay.

Caroline Westnedge: Is there anything else?

MacArthur Louis: Yes I have one question. My name is MacArthur Louis. My name was not added to this list. This got forwarded to me.

I am looking at this, I do see my email address on this. But, it did not arrive here at all.

Caroline Westnedge: We will make sure that you get it for the next meeting.

MacArthur Louis: Okay.

Caroline Westnedge: Anyone else? Okay, thank you very much for joining us. We will talk again on May 12.

MacArthur Louis: Okay thank you.

Caroline Westnedge: Bye-bye.

END